

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			1/31/00
<b>FORMALITY REVIEW</b>	15		
<b>RESPONSE FORMALITY REVIEW</b>	15		

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	1/16/02
2	+ ✓
3	+ ✓
4	+ ✓
5	+ ✓
6	+ ✓
7	+ ✓
8	+ ✓
9	+ ✓
10	+ ✓
11	+ ✓
12	+ ✓
13	+ ✓
14	+ ✓
15	+ ✓
16	+ ✓
17	+ ✓
18	+ ✓
19	+ ✓
20	+ ✓
21	+ ✓
22	+ ✓
23	+ ✓
24	+ ✓
25	+ ✓
26	+ ✓
27	+ ✓
28	+ ✓
29	+ ✓
30	+ ✓
31	+ ✓
32	+ ✓
33	+ ✓
34	+ ✓
35	+ ✓
36	+ ✓
37	+ ✓
38	+ ✓
39	+ ✓
40	+ ✓
41	+ ✓
42	+ ✓
43	+ ✓
44	+ ✓
45	+ ✓
46	+ ✓
47	+ ✓
48	+ ✓
49	+ ✓
50	+ ✓

Claim	Date
Final	Original
51	1/16/02
52	+ ✓
53	+ ✓
54	+ ✓
55	+ ✓
56	+ ✓
57	+ ✓
58	+ ✓
59	+ ✓
60	+ ✓
61	+ ✓
62	+ ✓
63	+ ✓
64	+ ✓
65	+ ✓
66	+ ✓
67	+ ✓
68	+ ✓
69	+ ✓
70	+ ✓
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81	+ ✓
82	+ ✓
83	+ ✓
84	+ ✓
85	+ ✓
86	+ ✓
87	+ ✓
88	+ ✓
89	+ ✓
90	+ ✓
91	+ ✓
92	+ ✓
93	+ ✓
94	+ ✓
95	+ ✓
96	+ ✓
97	+ ✓
98	+ ✓
99	+ ✓
100	+ ✓

Claim	Date
Final	Original
101	1/16/02
102	+ ✓
103	+ ✓
104	
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If more than 150 claims or 10 actions  
staple additional sheet here